

Roofing



TOWN OF LAKE PARK BUILDING PERMIT APPLICATION

(Please Print)

PCN # _____ Permit # _____
Owner's Name _____ Owner's Phone # _____
Owner's Address _____ Cell # _____
City _____ State _____ Zip _____
Contractor's Name _____ Phone # _____
Contractor's Address _____ Cell # _____
City _____ State _____ Zip _____
Job Address _____
SINGLE FAMILY _____ DUPLEX _____ MULTI-FAMILY _____ RETAIL _____ OFFICE _____ INDUSTRIAL _____ HISTORIC HOME _____

ESTIMATED VALUE OF CONSTRUCTION \$ _____

DESCRIPTION OF WORK: _____

Applicant is hereby required to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all codes, laws, rules, and regulations governing construction in this jurisdiction. I understand that a **SEPARATE PERMIT** must be secured but not limited to: **ELECTRICAL, PLUMBING, ROOFING, SIGNS, WELLS, POOLS, WINDOWS, DOORS, WATER HEATERS, GENERATORS, AND AIR CONDITIONING WORK, ETC.**

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction and zoning.

A NOTICE OF COMMENCEMENT IS REQUIRED WHEN BUILDING PERMIT IS ISSUED. A NOTICE OF COMMENCEMENT IS NEEDED WHEN THE VALUE OF CONSTRUCTION EXCEEDS \$2,500.00, AND A NOTICE OF COMMENCEMENT IS NEEDED WHEN A MECHANICAL PERMIT EXCEEDS \$7,500. A NOTICE OF COMMENCEMENT **MUST** BE RECORDED AT THE PALM BEACH COUNTY COURTHOUSE AND THE ORIGINAL GIVEN TO THE TOWN OF LAKE PARK.

Signature of Property Owner or Authorized Agent _____ Date _____ Print Name of Property Owner or Authorized Agent _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

Notary Public

Signature of Contractor _____ Date _____ Print Contractor's Name _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

Notary Public

APPLICATION APPROVED BY _____ DATE _____
A COPY OF CONTRACT MUST BE PROVIDED BY CONTRACTOR

NOTE: This permit **VOID** after 180 days UNLESS the work which is covered has commenced. All **Contractors** must have valid State Certification or County Competency plus County and City Occupational Licenses prior to obtaining a permit.
 ANY CHANGE IN BUILDING PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE.
 ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO STARTING.
 IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER AND BUILDER AGREE TO ERECT THIS STRUCTURE IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES.

TYPE OF CONSTRUCTION

OCCUPANCY TYPE _____
 ROOF TYPE _____
 FENCE TYPE _____
 AREA SQUARE FEET _____
 FLOOD ZONE _____
 BASE FLOOD ELEVATION _____
 FINISHED FLOOR ELEVATION _____
 NUMBER OF STORIES _____
 NUMBER OF UNITS _____
 PARKING SPACES REQUIRED _____
 PARKING SPACES PROVIDED _____
 NUMBER OF BEDROOMS _____
 NUMBER OF BATHROOMS _____

Received by: _____ Date _____

Radon Fee _____
 BCAIF _____
SUB-TOTAL \$ _____

| VALUATION | FEE |
|---------------|-------|
| Site Improve. | _____ |
| Building | _____ |
| Electrical | _____ |
| Mechanical | _____ |
| Plumbing | _____ |
| Roofing | _____ |
| Sewer | _____ |
| Drainage | _____ |
| Excavation | _____ |
| Landscaping | _____ |
| Paving | _____ |
| Sign | _____ |
| Windows | _____ |
| Doors | _____ |
| Generators | _____ |

Sub-Total \$ _____
Total \$ _____
 Less Plan Filing Fee \$ _____
TOTAL AMOUNT DUE \$ _____

RECEIPT NUMBER _____
DATE ISSUED _____

RECEIPT NUMBER _____
DATE ISSUED _____

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS

FEES ARE NOT REFUNDABLE

**Town of Lake Park
Planning, Zoning & Building Department
Checklist – Laminated Shingles & Flat Roofs**

Roof Pitch: _____

Roof Area is _____ squares.

This is: Re-Roof ☐

☐ Sheath-Over (Engineering)

Re-Sheath ☐

New Roof ☐

Shingle – Over – With prior approval (1 TIME ONLY) ☐

☐ Flat Roof Area _____ Squares.

Manufacture and Specification No. _____ (Attached)

Laminate Shingles

Manufacturer

(Circle proposed manufacturer and product name.)

Product Name

Celotex

Presidential Shake

CertainTeed

Grand Manor

CertainTeed

Carriage House

CertainTeed

Estate C

Elk

Prestique Plus

Elk

Prestique II

GAF

Timberline (30 yr.)

GAF

Timberline Ultra

GAF

Timberline Country Mansion

Owens Corning

Oakridge Shadow AR

Applicant's Affidavit: I hereby certify that I have read the material on both sides of this document and have provided the information requested.

Print Name

Signature

Date

IMPORTANT NOTICE ABOUT NEW ROOF & RE-ROOF PERMITS

THIS INFORMATION IS PROVIDED TO ASSIST PERMIT HOLDERS IN UNDERSTANDING BUILDING CODE AND BUILDING DIVISION POLICIES EFFECTING ROOF PERMITS. PLEASE CONTACT THE BUILDING DIVISION BEFORE COMMENCING WORK IF THERE ARE QUESTIONS REGARDING CODE REQUIREMENTS.

A Town of Lake Park Building Permit does not assure compliance with your Homeowners Association's rules, regulations and/or deed restrictions. We advise you to obtain approval from your Homeowner's Association before improving your property.

1. **Asphalt Composition Shingles**-Building code requirements specify that asphalt composition shingles (fiberglass shingles) shall resist 110 miles per hour wind speeds. The fiberglass shingles used must have Product Control Approval from an approved agency and labeled for high wind resistance.
2. **REQUIRED FELT UNDERLAYMENTS ON ANY ROOF SYSTEM SHALL COMPLY WITH ASTM SPECIFICATIONS, AND SHALL BE LABELED WITH THE ASTM DESIGNATION.**
3. All re-roof permit applications shall contain an accurate description of the existing roof covering to be removed and the new roofing material intended for replacement.
4. Roof coverings shall always be applied to a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is not permitted by code and shall require a Sheath-Over or Re-Sheath using structural grade panels (plywood) according to the following procedures:

Sheath-Over (applying plywood panels over existing spaced sheathing) requires registered engineers' written specification describing attachment requirements (nail or screw length and fastening pattern into framing members). **Specification shall be submitted at time of roofing permit application.**

Re-Sheath (removal of spaced sheathing for application of plywood panels) requires use of minimum 19/32" plywood fastened with 8d galvanized common nails 4" o.c. outermost perimeter and 6" o.c. remaining edges and field.

Spaced Board Sheathing Fill-in spaces between existing spaced-sheathing boards may be filled-in with boards of the same size and thickness to provide a closely fitted solid deck. Nail new boards in accordance with code requirements.

5. Existing plywood sheathing shall be re-nailed prior to application of ASTM asphalt base sheet underlayment. Re-nailing requires use of minimum 8d galvanized nails so that nail spacing does not exceed 6" o.c. in any direction.
6. The contractor may dry-in new roof before the building department inspection, if a nail inspection certification report is provided to the building inspector. A licensed architect or engineer shall execute such inspection and report. You will need to **contact the Inspection Department at (561) 881-3300 before starting any work.**
7. When concrete/clay roof tile replaces cedar shingle/shakes or fiberglass shingles a registered architect or engineer shall verify the adequacy of the existing trusses to support increased dead loads. An Engineering and Inspection Report shall be submitted with the roofing/re-roofing permit application.

THE FOLLOWING SPECIFIES TILE INSTALLATION METHODS CONFORMING TO THE TOWN OF LAKE PARK BUILDING DEPARTMENT USES' FOR TILE ATTACHMENT.

1. Scope of work: New Roof ☐ Roof Slope: _____:12
 Re-Roof ☐ Roof Area: _____ Squares
 Tile to Tile ☐
 Sheath-Over Existing Spaced Sheathing (Engineering Attached) ☐
 Re-Roof Shingle or Shake to Tile (Engineering Attached) ☐
2. Underlayment system: Per Florida Building Code ☐ (2004 FBC & Lake Park Amendments)
 Per NTRMA Specifications ☐ (If selected, provide specs at inspection)
3. Roof material is _____ Roof color and # _____ as selected from the approved materials schedule and color chart as adopted by the Architectural Review Board.
4. Tile Manufactures (circle tile selection or provide new tile information *)

| Manufacturer | Flat Profile | Medium Profile | High Profile |
|--------------|--------------------|----------------|----------------|
| Monier | Shake/Slate | Villa | Mission 'S' |
| | Vanguard - II Flat | Vanguard Roll | Spanish 'S' |
| | | Classic 100 | |
| Lifetile | Shake/Slate | Capri | Espana |
| Entegra | Skandia | Estate 'S' | |
| Pioneer | Rustic Slate/Shake | Hacienda | Regal |
| | | | Spanish 'S' |
| Metro | Flat | Metro Gem | Spanish 'S' |
| Almar | | | Altuse 'S' |
| | | | Altusa Barrel |
| | | | Cedeska Barrel |
| * | | | |

4. Tile Attachment Method (any of the following may be used):
 - A. Mechanical-Fastener, All Profiles-3:12 to 12:12 Slope (Refer to Tile Fastening Tables):
 1. Nail & Clip (19/32" Plywd) ☐ 2. Screws ☐
 - (15/32" Plywd) ☐ 3. Ring Shank 3" or 4" Headlap ☐
 - B. Foam Adhered All Profiles - 3:12 to 12:12 Slope:
 1. Polyfoam-PolyPro AH 160 ☐
 - C. Mortar-applied (limited to installation conditions as follows):
 1. Re-roofs. Flat tile permitted on - 2 ½:12 to 4:12 Slope: (indicate which mortar used)
 - Bermuda Roof Tile-Tite ☐
 - Quikcrete Tile Mortar #1140 ☐
 - LaFarge, Florida Roof Mortar-M ☐
 2. New Roof/Re-roof, All Profiles - 2 ½:12 to 6 ½:12 Slope:
 (only the following may be used): Bermuda Roof Tile-Tite ☐
5. Provide spec sheet for roof system.

Applicant's Affidavit: I hereby certify that I have read the material on both side of this document and have provided the information requested.

 Print Name

 Signature

 Date

| Town of Lake Park | | Building Department | | Effective: 04/06/08 |
|--|--|--|--|---------------------|
| RULE 9B-3.0475 | | | | |
| Mandatory Hurricane Mitigation Retrofits for Re-roofing (Single Family Dwelling ONLY) | | | | |
| A | | 1.- If house was built before March 1, 2002 (PAPA or other documents) | | |
| | | AND | | |
| | | 2.- The value of the house is \$300,000.00 or more (PAPA or insured value) | | |
| | | RETROFITS OF THE ROOF-TO-WALL CONNECTIONS IS REQUIRED | | |
| | | (UP TO 15 % OF THE REROOFING COST) | | |
| | | a) Provide product approval for SECONDARY WATER BARRIER per 201.2 a) & b), or c) ____, or d) ____ | | |
| | | b) Provide product approval for UNDERLAYMENT | | |
| | | c) Provide product approval for ROOF COVERING | | |
| | | d) Provide ENGINEERING REPORT indicating SCOPE OF WORK <u>or</u> provide PRESCRIPTIVE RETROFIT SOLUTIONS (Section 201.3.3 - 201.3.6) for achieving uplift capacities specified in Table 201.3 of the manual | | |
| | | e) Provide Priorities for mandated roof-to-wall retrofit expenditures for houses with both hip & gables roof ends (when width of the hip end is > 1.5 times greater than the width of the gable end) (Section 201.3.7) | | |
| B | | f) Provide signed BUILDING SUB-PERMIT FORM | | |
| | | If the house was built after March 1, 2002 (PAPA or other documents required) | | |
| | | or the house was built before March 1, 2002 with value less \$300,000.00 (PAPA) | | |
| | | NO RETROFIT REQUIRED, BUT | | |
| | | A SECONDARY WATER BARRIER SHALL BE PROVIDED AS REQUIRED | | |
| | | a) Provide product approval for SECONDARY WATER BARRIER per 201.2 a) & b), or c) ____, or d) ____ | | |
| | | b) Provide product approval for UNDERLAYMENT | | |
| | | c) Provide product approval for ROOF COVERING | | |